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COVER LETTER

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Division o	f Corporations		
SUBJECT:	ITYS Carpet Cleaning	UC	
	Name of Limited Liability Company		

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

١

TO:

Registration Section

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy raddmonal copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF		
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JS <u>(Name of the Limited Liability Compar</u> (<u>Name of the Limited Liability Compar</u> (A Florida Limited L	<u>NGX</u> <u>(C)</u> <u>as it)now appears on our records.</u> (ability Company))
The Articles of Organization for this Limited Liability Company	were filed on $O4 - 11 - 201$	and assigned
Florida document number <u>L17000080976</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
TVS Flite Servi	Ces LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1508 Moss	AVe.
(Principal office address MUST BE A STREET ADDRESS)	Leesiburg ; F	FL 34748
		,
		IA SI
Enter new mailing address, if applicable:	·	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
·	···	<u> </u>
B. If amending the registered agent and/or registered of		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	nce address on our records, :	enter the name of ane new
		5
Name of New Registered Agent:		
New Registered Office Address:	Enter Flovida street address	
	L'1	ida
·	, Pior	lda

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

if amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🖸 Add
			Remove
			Change
			🗆 Add
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D. If amending any other information, enter change(s) here: "(Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Daved September 17 2018. Signature of a member or authorized representative of a member Julio Herrera Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00